

CITY OF FLAGSTAFF
PHASED RETIREMENT FORM

Return approved form to Human Resources no later than 30 days prior to effective date of retirement

Employee Name: _____ Employee ID Number: _____

Division: _____ Current Position: _____

My signature below confirms I meet the criteria for participating in the Phased Retirement Program with ESI

- I have been contributing to ASRS/PSPRS and am eligible for normal retirement;
- have demonstrated above average performance; and
- serve a key role in critical project(s) not yet completed or will be completing a succession plan.

I intend to participate in the Phased Retirement Program with ESI beginning on: _____
(please fill in the date).

I intend to participate in the Phased Retirement Program with ESI for the following period of time.

☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ Other: _____

I am requesting to work ☐ Full-Time or ☐ Part Time for _____ hours per week.

Please list the critical projects or succession to be completed: _____

I have read, understand and am in agreement with the conditions of participating in the Phased Retirement Program with ESI as outlined in the Phased Retirement Fact Sheet.

Employee Signature

Date

I recommend _____ as a participant in the Phased Retirement Program. Current performance evaluations and background criteria have been utilized to support this recommendation.

Supervisor Signature/Title

Date

Division Director Signature/Title

Date

City Manager/Deputy City Manager

Date

Human Resources

Date

cc: 201 file